



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Individualized Education Program

Students Name	Initials	Birth Date	Age	Gender M F	Grade	Today's Date
District / School	Next Comprehensive Reevaluation Due					
	IEP Manager and Phone Number					
Parent(s) Name	Parent(s) Address				Home Phone	
	E-mail				Work Phone / Cell Phone	
Optional Child Count Information: Disability Category:			Race and Ethnicity:			

STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS

Strengths, Preferences and Interests - Student's Perspective

Student Strengths

Parents: _____

School Staff: _____

Educational Concerns

Parents: _____

School Staff: _____

CONSIDERATION OF SPECIAL FACTORS

	YES	NO
• Does the student's behavior impede his/her learning or that of others?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student have communication needs?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student require assistive technology devices or services?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the student been determined to be "Limited English Proficient"?	<input type="checkbox"/>	<input type="checkbox"/>

Any item above checked "Yes" must be addressed in the IEP.

For a student with blindness or visual impairment ☐ N/A

	YES	NO
• Does the student need training in orientation and mobility? <u>If "Yes" is checked</u> , training must be addressed in the IEP.	<input type="checkbox"/>	<input type="checkbox"/>
• Does the student need instruction in Braille or the use of Braille? <u>If "No" is checked</u> , describe in the minutes why instruction in Braille or the use of Braille is not appropriate. This decision must be based on evaluation results.	<input type="checkbox"/>	<input type="checkbox"/>

Student Name: _____

IEP Date: _____

TRANSITION SERVICES

For ALL students beginning with the IEP to be in effect when the child is 16 and updated annually thereafter.

STUDENT'S DESIRED POST-SCHOOL ACTIVITIES:

(In the areas of postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation)

RESULTS OF AGE-APPROPRIATE TRANSITION ASSESSMENTS:

(☐ Results Attached)

EDUCATION: _____

EMPLOYMENT: _____

TRAINING: _____

INDEPENDENT LIVING SKILLS (if appropriate): _____

POSTSECONDARY GOALS

Measurable postsecondary goals are based on age-appropriate transition assessments related to training, education, employment, and, if appropriate, independent living skills. Clearly specify the desired level of achievement.

Measurable Postsecondary Goal (# ____):

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TRANSFER OF RIGHTS AT AGE OF MAJORITY

The student has been informed of his or her rights under IDEA that will transfer to the student on reaching the age of majority. The student must be informed at least one year before the student reaches age 18.

Date student was informed of the transfer of rights: _____

Date student reaches the age of majority: _____

Student Name: _____ IEP Date: _____

Describe below a coordinated set of activities designed within a results-oriented process to:

- a. focus on improving the academic and functional achievement of the student;
- b. directly relate to the student's measurable postsecondary goals and the student's strengths, preferences and interests; and
- c. promote movement from school to post-school settings and activities.

Courses of study needed to assist the student in reaching her or his goal(s):

Anticipated Graduation Date: _____ Credits earned to date: _____

Total number of credits required for graduation: _____

School Year	Credit	School Year	Credit
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
_____ / _____	____/____	_____ / _____	____/____
TOTAL ____/____		TOTAL ____/____	

TRANSITION SERVICE AREA	TRANSITION SERVICES NEEDED TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS (include timeline for achievement)	PERSON OR AGENCY RESPONSIBLE	ANNUAL GOAL # (If necessary)
INSTRUCTION	<input type="checkbox"/> Discussed and not needed		
EMPLOYMENT	<input type="checkbox"/> Discussed and not needed		
COMMUNITY EXPERIENCES	<input type="checkbox"/> Discussed and not needed		
POST-SCHOOL ADULT LIVING	<input type="checkbox"/> Discussed and not needed		
RELATED SERVICES	<input type="checkbox"/> Discussed and not needed		
DAILY LIVING	<input type="checkbox"/> Discussed and not needed		
FUNCTIONAL VOCATIONAL ASSESSMENT	<input type="checkbox"/> Discussed and not needed		

Student Name: _____ IEP Date: _____

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
AND MEASURABLE ANNUAL GOALS**

Special Education/Related Service Area: _____

Describe the academic, developmental and functional strengths and needs of the student and how the disability affects involvement and progress in the general curriculum or, for preschool children, involvement in appropriate activities. Test scores alone are insufficient.

Present Levels of Academic Achievement and Functional Performance:

Describe academic and functional goals to meet the student's identified needs and enable the student to be involved in and make progress in the general education curriculum. Clearly specify the desired level of achievement.

Measurable Annual Goal (# _____):

Mark here if the Measurable Annual Goal will be part of an Extended School Year service: ☐

Date of Progress Report:								
Goal not yet started								
Not expected to meet goal								
Expected to meet goal								
Met goal								

Describe academic and functional goals to meet the student's identified needs and enable the student to be involved in and make progress in the general education curriculum. Clearly specify the desired level of achievement.

Measurable Annual Goal (# _____):

Mark here if the Measurable Annual Goal will be part of an Extended School Year service: ☐

Date of Progress Report:								
Goal not yet started								
Not expected to meet goal								
Expected to meet goal								
Met goal								

When will progress reports on the measurable annual goal be provided to the parents?

☐ mid-term ☐ quarterly ☐ semester ☐ other:

Student Name: _____ IEP Date: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, MEASURABLE ANNUAL GOALS AND BENCHMARKS OR SHORT-TERM OBJECTIVES

Special Education/Related Service Area: _____

Describe the academic, developmental and functional strengths and needs of the student and how the disability affects involvement and progress in the general education curriculum or, for preschool-aged children, involvement in appropriate activities. Test scores alone are insufficient.

Present Levels of Academic Achievement and Functional Performance:

Describe academic and functional goals to meet the student's identified needs and enable the student to be involved in and make progress in the general education curriculum. Clearly specify the desired level of achievement.

Measurable Annual Goal (# _____):

Date of Progress Report:								
Goal not yet started								
Not expected to meet goal								
Expected to meet goal								
Met goal								

Benchmarks or Short-Term Objectives:

(Mark ☒ only if the benchmark or short-term objective will be part of an Extended School Year service.)

	ESY
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When will progress reports on the measurable annual goal be provided to the parents?

☐ mid-term ☐ quarterly ☐ semester ☐ other:

Student Name: _____ IEP Date: _____

SPECIAL EDUCATION AND RELATED SERVICES

Special Education or Related Service Area	Hours per week in Special Education Setting	Special Education Hours per week in General Education Setting	Total hours per week	Dates of service (if different from annual IEP dates)
Total Hours:				

PARTICIPATION IN THE GENERAL EDUCATION PROGRAM

Students ages 6 and above

- ☐ Regular Class
(less than 21% of the day in a special education setting)
- ☐ Part-time Special Education
(more than 21% but less than 60% of the day in a special education setting)
- ☐ Full-time Special Education
(more than 60% of the day in a special education setting)
- ☐ Other: _____

Students ages 3-5

- ☐ Early Childhood Setting
(100% of special education and related services are provided in educational programs designed primarily for students without disabilities)
- ☐ Early Childhood Special Education Setting
(100% of special education and related services are provided in educational programs designed primarily for students with disabilities)
- ☐ Part-time Early Childhood/Part-time Early Childhood Special Education Setting
(Special education and related services are provided in multiple settings)
- ☐ Other: _____

Explain why the placement selected above is the least restrictive.

If the student's school day or week is shorter or longer than peers without disabilities, explain why.

Student Name: _____ IEP Date: _____

GENERAL EDUCATION ACCOMMODATIONS/MODIFICATIONS

Academics and Nonacademics where accommodations, modifications are needed.	Specific accommodations, modifications, assistive technology or other forms of support for the student to be involved in and make progress in the general education curriculum. Include program modifications or supports for teachers, related service providers, transportation providers and others working with this student. <div style="text-align: right;"><input type="checkbox"/> None Needed</div>
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PARTICIPATION IN STATE/DISTRICTWIDE ASSESSMENTS

The student will participate in the **State/Districtwide** assessments in the following manner: (Check one box for each test.)

IOWA Tests (Grades 4, 8, 11) ☐ N/A

- ☐ Without accommodations
☐ With accommodation(s)
☐ Alternate Assessment Scale

CRT Tests (Grades 3-8, 10) ☐ N/A

- ☐ Without accommodations
☐ With accommodation(s)
☐ CRT-Alternate****

Districtwide Tests ☐ N/A

- ☐ Without accommodations
☐ With accommodation(s)
☐ Alternate Assessment

Identify any test accommodations that must be provided for the student:

IOWA: _____

CRT: _____

Districtwide: _____

For any student who participates in an alternate assessment describe:

Why the child cannot participate in the regular assessment, and;

Why the particular alternate assessment selected is appropriate for the child.

**** The student may not participate in the CRT-Alternate unless the student's demonstrated cognitive abilities and adaptive behavior require substantial adjustments to the general curriculum; learning objectives and expected outcomes focus on functional application, as shown by the IEP's goals/objectives; and the student requires direct and extensive instruction to acquire, maintain, generalize and transfer skills.

For students who participate in the CRT-Alternate, the student's IEP must contain benchmarks or short-term objectives.

Student Name: _____ IEP DATE: _____

EXTENDED SCHOOL YEAR

- ☐ Extended School Year services **are necessary** for the student.
- ☐ Extended School Year services **are not necessary** for the student.
- ☐ Determination of need for Extended School Year services will be made by: _____ (date)

IEP ACCESSIBILITY AND RESPONSIBILITIES

How will each teacher, related service provider, transportation provider and others working with this student be informed of his or her specific responsibilities for implementing this IEP and the accommodations, modifications, and supports that must be provided for this student?

- ☐ Copy of Accommodations/Modifications handout ☐ E-mail ☐ Verbal communication
- ☐ Other: _____

DOCUMENTATION OF PARTICIPATION

The following persons, as indicated by their signatures, have participated in the development of this IEP:

_____ Parent	_____ Date	_____ Parent	_____ Date
_____ Student	_____ Date	_____ Speech/Language Pathologist	_____ Date
_____ Administrator or Designee	_____ Date	_____ Signature/Position	_____ Date
_____ General Education Teacher	_____ Date	_____ Signature/Position	_____ Date
_____ Special Education Teacher	_____ Date	_____ Signature/Position	_____ Date
_____ School Psychologist	_____ Date	_____ Signature/Position	_____ Date

I have read and understand my rights as provided to me in the pamphlet PROCEDURAL SAFEGUARDS IN SPECIAL EDUCATION UNDER IDEA, which I received this school year. The parent shall be given a copy of this IEP at no cost to the parent.

- ☐ I approve of this Individualized Education Program.
- ☐ I approve of this Individualized Education Program with the following exceptions*: _____

Parent/Adult Student

Date

*The IEP team agrees to meet again on _____ to resolve differences regarding the above exceptions.
date

IEP MINUTES

Student Name: _____ **IEP Date:** _____